ARIZONA DEPARTMENT OF HEALTH SERVICES
DATA ELEMENTS AND FORMAT SPECIFICATIONS FOR
PUBLIC RELEASE OF HOSPITAL INPATIENT DISCHARGE DATA

CHECK OUR WEBSITE AT: www.azdhs.gov/plan/crr/index.htm

Fixed Length Records of 895 Characters

Number of Characters in Data Element	Start Posi-tion	DBF FILE DATA ELEMENT NAME	DATA ELEMENT DESCRIPTIVE NAME	Uniform Billing Locator #	CODES AND VALUES - ALL ALPHA CHARACTERS ARE IN UPPERCASE	EDITING REQUIREMENTS - ALL DATA ELEMENTS ARE LEFT JUSTIFIED AND UNUSED SPACES LEFT ARE BLANK UNLESS OTHERWISE INDICATED
10	1	FAC-ID	Arizona Facility Identification Number - AZ FAC_ID	n/a	Alpha-Numeric	Right justified with leading zeros. All AZ FAC_ID numbers begin with the alpha characters MED (ALL CAPS) followed by a four-digit number, with no spaces or dashes. [Example: MED1234] All Arizona hospital AZ FAC_ID's are available on website: www.hs.state.az.us/plan/crr/index.htm
17	11	MED_REC_NO	Patient's Medical Record Number	23	LEFT BLANK = THIS FIELD IS BLANK IN THIS PUBLIC DATA SET	LEFT BLANK = THIS FIELD IS BLANK IN THIS PUBLIC DATA SET
19	28	SSNO	Certificate, SSN or Health Insurance Claim Number	60	LEFT BLANK	LEFT BLANK
1	47	RACE	Patient's Race	n/a	Race 1 = American Indian or Alaska Native 2 = Asian 3 = Black or African American 4 = Hispanic or Latino 5 = White 6 = Native Hawaiian or Other Pacific Islander 7 = Other (Use if patient not described above.) 9 = Refused	All Race codes match the US Census Bureau revised standards for Race and Ethnic reporting effective January 1, 2003
1	48	MARITAL	Patient's Marital Status	16	Marital Status S = Single M = Married P = Life Partner X = Legally Separated D = Divorced W = Widowed U = Unknown	
30	49	PAT_ADDR	Patient's Street Address	13	LEFT BLANK	LEFT BLANK
20	79	PAT_CITY	Patient's City	13	Alpha-Numeric	

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2	99	PAT_STATE	Patient's State	13	Alpha-Numeric	US Postal Service state abbreviations. If a foreign resident, field is left blank and name of patient's country is in Patient's Zip Code field. See Edit Requirements in Zip Code Field.
10	101	PAT_ZIP	Patient's Zip Code	13	Alpha-Numeric	US Postal Zip Code for patient's residence at the time of admission or encounter. Left justified for the first five digits and the rest of the field blank. 00000 is used for unknown zip codes. If a foreign resident, the first 5 letters of the name of the country are entered, for example Mexico = MEXIC; Canada = CANAD; England = ENGLA; and the rest of the field blank.
8	111	PAT_DOB	Patient's Date of Birth	14	LEFT BLANK	LEFT BLANK
1	119	PAT_SEX	Patient's Sex	15	Patient's Sex M= Male F= Female U = Unknown	
8	120	ADMIT_DATE	Date of Admission	6	LEFT BLANK	LEFT BLANK
8	128	DISC_DATE	Date of Discharge	6	LEFT BLANK	LEFT BLANK
2	136	ADMIT_HR	Hour of Admission	18	Time Codes for Hour of Admission 00 = 12:00 - 12:59 AM (Midnight) 01 = 01:00 - 01:59 02 = 02:00 - 02:59 03 = 03:00 - 03:59 04 = 04:00 - 04:59 05 = 05:00 - 05:59 06 = 06:00 - 06:59 07 = 07:00 - 07:59 08 = 08:00 - 08:59 09 = 09:00 - 09:59 10 = 10:00 - 10:59 11 = 11:00 - 11:59 12 = 12:00 - 12:59 PM (Noon) 13 = 01:00 - 01:59 14 = 02:00 - 02:59 15 = 03:00 - 03:59 16 = 04:00 - 04:59 17 = 05:00 - 05:59 18 = 06:00 - 06:59 19 = 07:00 - 07:59 20 = 08:00 - 08:59 21 = 09:00 - 09:59	Both digits are filled in.

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					22 = 10:00 - 10:59	
					23 = 11:00 - 11:59	
					99 = Hour Unknown	
2	138	DISC_HR	Hour of Discharge	21	See Time Codes above.	Both digits are be filled in.
6	140	DATE_SUBM	Date Bill Submitted	86	The month, day, and year the bill was submitted to the patient without dashes. MMDDYY (NOTE: This date field has only six characters)	All digits are filled in (no dashes).
2	146	DISC-STAT	Patient's Discharge Status	22	The circumstances under which the patient left the hospital:	Both digits are filled in. All codes match the Medicare Patient Discharge Status Codes and follow all Medicare definitions of terms.
					01 = Discharged to home or self care (routine discharge)	
					02 = Discharged/transferred to another short term general hospital for inpatient care (See code 43)	
					03 = Discharged/transferred to skilled nursing (SNF).	
					04 = Discharged/transferred to an intermediate care facility (ICF).	
					05 = Discharged/transferred to another type of institution for inpatient care	
					06 = Discharged/transferred to home under care of organized home health service org.	
					07 = Left against medical advice or patient discontinued care	
					08 = Discharged/transferred to home under care of a Home IV drug therapy provider.	
					09 = Admitted as an inpatient to this hospital	
					20 = Expired (or did not recover - Christian Science patient)	
					43 = Discharged to a federal hospital (New code effective October 1, 2003)	
					50 = Discharged home with hospice	
					51 = Discharged or transferred to hospice - medical facility	
					61 = Discharged or transferred within this institution to a hospital-based swing bed (skilled care)	
					62 = Discharged or transferred to an inpatient rehabilitation facility	
					63 = Discharged or transferred to a long term care hospital	

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					65 = Discharged or transferred to a psychiatric hospital or psychiatric unit of a hospital (New code: per CMS, effective date postponed until 2005.)	
3	148	DRG	DRG Code	78	The condition established after study as being chiefly responsible for the admission of a patient to the hospital for care.	Right justified with leading zeros.
7	151	TOTAL	Total Charges	47	The total gross charges incurred by the patient for this visit or hospital stay.	Right justified with leading zeros. Note: Only Whole dollars are used, rounded, no commas.
2	158	PAYER	Payor Code	50a	The Primary Payor, the expected source of payment for the majority of the charges associated with this visit or hospital stay. 00 = Self pay 01 = Commercial (Indemnity) 02 = HMO 03 = PPO 04 = AHCCCS Health Care Group 05 = Medicare 06 = AHCCCS/Medicaid 07 = CHAMPUS/MEDEXCEL 08 = Children's Rehab Services 09 = Workers Compensation 10 = Indian Health Services 11 = Medicare Risk 12 = Charity 13 = Foreign National 14 = Other 15 = Tobacco Tax	Right justified with leading zeros.
			Revenue Codes	42	For each Revenue Code Category, charges are entered that were incurred by the patient for this inpatient hospital stay.	
6	160	ALL_INC	All Inclusive Rate	10X		**Requirements for All Revenue Codes - Positions 160 through 645**: Right justified with leading zeros. Item is filled with zeros if it does not apply.
6	166	RB_PRIV	Room and board - private	11X		See Requirements for All Revenue Codes Above
6	172	RB_2BED	Room and board - two bed	12X		See Requirements for All Revenue Codes Above
6	178	RB_34BED	Room and board - 3/4 bed	13X		See Requirements for All Revenue Codes Above
6	184	RB_PRIVDLX	Private (deluxe)	14X		See Requirements for All Revenue Codes Above
6	190	RB_WARD	Room and board - ward	15X		See Requirements for All Revenue Codes Above

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6	196	RB_OTHR	Other room and board	16X		See Requirements for All Revenue Codes Above
6	202	RB_NURSERY	Nursery	17X		See Requirements for All Revenue Codes Above
6	208	RB_LOA	Leave of Absence	18X		See Requirements for All Revenue Codes Above
6	214	RB_ICU	Intensive Care	20X		See Requirements for All Revenue Codes Above
6	220	RB_CCU	Coronary Care	21X		See Requirements for All Revenue Codes Above
6	226	RB_SPEC	Special charges	22X		See Requirements for All Revenue Codes Above
6	232	RB_INCR	Incremental charges	23X		See Requirements for All Revenue Codes Above
6	238	RB_INCANC	All Inclusive ancillary	24X		See Requirements for All Revenue Codes Above
6	244	PHARMACY	Pharmacy	25X		See Requirements for All Revenue Codes Above
6	250	IV_THERAPY	IV Therapy	26X		See Requirements for All Revenue Codes Above
6	256	MED_SURG	Medical/Surgical supplies	27X		See Requirements for All Revenue Codes Above
6	262	ONCOLOGY	Oncology	28X		See Requirements for All Revenue Codes Above
6	268	DME	DME (other than renal)	29X		See Requirements for All Revenue Codes Above
6	274	LAB	Laboratory	30X		See Requirements for All Revenue Codes Above
6	280	LAB_PATH	Laboratory pathology	31X		See Requirements for All Revenue Codes Above
6	286	RADIO_DX	Radiology - diagnostic	32X		See Requirements for All Revenue Codes Above
6	292	RADIO_THER	Radiology - therapeutic	33X		See Requirements for All Revenue Codes Above
6	298	NUC_MED	Nuclear Medicine	34X		See Requirements for All Revenue Codes Above
6	304	CT_SCAN	CT scan	35X		See Requirements for All Revenue Codes Above
6	310	O_R	Operating room	36X		See Requirements for All Revenue Codes Above
6	316	ANESTHESIA	Anesthesia	37X		See Requirements for All Revenue Codes Above
6	322	BLOOD	Blood	38X		See Requirements for All Revenue Codes Above
6	328	BLOOD_STO	Blood storage/processing	39X		See Requirements for All Revenue Codes Above
6	334	OTHR_IMAG	Other imaging	40X		See Requirements for All Revenue Codes Above
6	340	RESP_SVCS	Respiratory services	41X		See Requirements for All Revenue Codes Above
6	346	PHYS_THER	Physical therapy	42X		See Requirements for All Revenue Codes Above
6	352	OCC_THER	Occupational therapy	43X		See Requirements for All Revenue Codes Above
6	358	SPCH_THER	Speech therapy	44X		See Requirements for All Revenue Codes Above
6	364	E_R	Emergency room	45X		See Requirements for All Revenue Codes Above
6	370	PULMONARY	Pulmonary function	46X		See Requirements for All Revenue Codes Above
6	376	AUDIOLOGY	Audiology	47X		See Requirements for All Revenue Codes Above
6	382	CARDIOLOG	Cardiology	48X		See Requirements for All Revenue Codes Above
6	388	SPEC_AMBU	Special Ambulatory Care	49X		See Requirements for All Revenue Codes Above
6	394	OP_SVCS	Outpatient Services	50X		See Requirements for All Revenue Codes Above
6	400	CLINIC	Clinic	51X		See Requirements for All Revenue Codes Above
6	406	FS_CLINIC	Free-Standing Clinic	52X		See Requirements for All Revenue Codes Above
6	412	OSTEOPATH	Osteopathic services	53X		See Requirements for All Revenue Codes Above
6	418	AMBULANCE	Ambulance	54X		See Requirements for All Revenue Codes Above
6	424	SKILL_NURS	Skilled Nursing	55X		See Requirements for All Revenue Codes Above

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6	430	MEDSOCSVCS	Medical social services	56X		See Requirements for All Revenue Codes Above
6	436	HOMHLTHAID	Home health aide (home health)	57X		See Requirements for All Revenue Codes Above
6	442	OTHR_VISIT	Other visits (home health)	58X		See Requirements for All Revenue Codes Above
6	448	UNITS_SVC	Units of service (home health)	59X		See Requirements for All Revenue Codes Above
6	454	OXYGEN	Oxygen (home health)	60X		See Requirements for All Revenue Codes Above
6	460	MRI	MRI	61X		See Requirements for All Revenue Codes Above
6	466	MS_EX_27	Med/Surg (Ext. of 27X)	62X		See Requirements for All Revenue Codes Above
6	472	DRUGS_ID	Drugs req. specific id	63X		See Requirements for All Revenue Codes Above
6	478	HOME_THER	Home therapy services	64X		See Requirements for All Revenue Codes Above
6	484	HOSPICE	Hospice service	65X		See Requirements for All Revenue Codes Above
6	490	RESPITE	Respite care (HHA Only)	66X		See Requirements for All Revenue Codes Above
6	496	CAST_ROOM	Cast room,	70X		See Requirements for All Revenue Codes Above
6	502	RECOVERY	Recovery room	71X		See Requirements for All Revenue Codes Above
6	508	LABOR_DEL	Labor/Delivery	72X		See Requirements for All Revenue Codes Above
6	514	EKG_ECG	EKG/ECG	73X		See Requirements for All Revenue Codes Above
6	520	EEG	EEG	74X		See Requirements for All Revenue Codes Above
6	526	GI_SVCS	Gastro-Intestinal services	75X		See Requirements for All Revenue Codes Above
6	532	TREAT_OBS	Treatment/observation room	76X		See Requirements for All Revenue Codes Above
6	538	PREVENT	Preventative care services	77X		See Requirements for All Revenue Codes Above
6	544	LITHOTRIP	Lithotripsy	79X		See Requirements for All Revenue Codes Above
6	550	IP_RENAL	Inpatient renal dialysis	80X		See Requirements for All Revenue Codes Above
6	556	ORGAN_ACQ	Organ acquisition	81X		See Requirements for All Revenue Codes Above
6	562	HEMO_OP	Haematolysis - outpatient or home	82X		See Requirements for All Revenue Codes Above
6	568	PERIDIALOP	Peritoneal dialysis - outpatient or home	83X		See Requirements for All Revenue Codes Above
6	574	CAPD_OP	Continuous ambulatory peritoneal dialysis (CAPD) - outpatient or home	84X		See Requirements for All Revenue Codes Above
6	580	CCPD_OP	Continuous cycling peritoneal dialysis (CCPD) - outpatient or home	85X		See Requirements for All Revenue Codes Above
6	586	MISC_DIAL	Miscellaneous dialysis	88X		See Requirements for All Revenue Codes Above
6	592	PSYC_TREAT	Psychiatric treatment	90X		See Requirements for All Revenue Codes Above
6	598	PSYC_SVCS	Psychiatric services	91X		See Requirements for All Revenue Codes Above
6	604	OTHR_DXSVC	Other diagnostic services	92X		See Requirements for All Revenue Codes Above
6	610	OTHR_THSVC	Other therapeutic services	94X		See Requirements for All Revenue Codes Above
6	616	PROFFEE96X	Professional fees (96X)	96X		See Requirements for All Revenue Codes Above

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6	622	PROFFEE97X	Professional fees (97X)	97X		See Requirements for All Revenue Codes Above
6	628	PROFEE98X	Professional fees (98X)	98X		See Requirements for All Revenue Codes Above
6	634	PAT_CONVEN	Patient convenience items	99X		See Requirements for All Revenue Codes Above
6	640	ALLOTHER	All other charges	--		See Requirements for All Revenue Codes Above
22	646	ATT_NAME	Attending Physician Name	82	Attending physician's name. Last name, one space, first name, one space, and middle initial. Hyphenated names are acceptable.	Names are left justified. No commas or other punctuation.
6	668	ATT_LIC	Attending Physician State License Number	82	Attending physician's Arizona License Number.	All digits are filled in. Right justified with leading zeros. Filled with zeros if unknown. Can be Alpha-numeric.
1	674	ATT_BOARD	State Licensing Board	n/a	State Licensing Board Codes: 1 = Medical Examiners 2 = Dental Examiners 3 = Podiatry Examiners 4 = Osteopathic Examiners 5 = Nursing 9 = Other	
22	675	OP_NAME	Operating or Other Physician Name	83	Primary procedure physician's OR other practitioner's name. Last name, one space, first name, one space, and middle initial. Hyphenated names are acceptable.	Left blank if a Procedure was not done. Filled in if a Procedure was done. Names are left justified. No commas or other punctuation.
6	697	OP_LIC	Operating or Other Physician State License Number	83	Physician OR other practitioner's Arizona License Number who performed the primary procedure.	Left blank if no Procedure was done. All digits must be filled in if a procedure was done. Right justified with leading zeros. Can be Alpha-numeric. Filled with zeros if unknown.
1	703	OP_BOARD	State Licensing Board	n/a	State Licensing Board Codes: 1 = Medical Examiners 2 = Dental Examiners 3 = Podiatry Examiners 4 = Osteopathic Examiners 5 = Nursing 9 = Other	Left blank if no Procedure was done. Filled in if a Procedure was done.
1	704	ADM_TYPE	Type of Admission	19	Indicates the priority (type) of admission: 1 = Emergency 2 = Urgent 3 = Elective 4 = Newborn 5 = Observation 9 = Information not available	NOTE: If 4 (Newborn), see SOURCE OF ADMISSION below.
1	705	ADM_SOURCE	Source of Admission	20	Indicates the source of admission - adults and pediatrics:	

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					1 = Physician referral	
					2 = Clinic referral	
					3 = HMO/AHCCCS health plan referral	
					4 = Transfer from a hospital	
					5 = Transfer from SNF.	
					6 = Transfer from another health care facility (other than acute care or SNF)	
					7 = Emergency room	
					8 = Court/Law Enforcement	
					9 = Information not available	
					NOTE: IF TYPE OF ADMISSION = Newborn (4), use:	
					1 = Normal Delivery	
					2 = Premature Delivery	
					3 = Sick baby	
					4 = Extramural birth	
					9 = Information not available	
6	706	PRIN_DX	Principal Diagnosis Code	67	Enter the ICD-9-CM code describing the condition chiefly responsible for causing this encounter.	DECIMAL POINTS ARE EXCLUDED. Letter V code included if applicable. E-Codes are not placed in this field. (Note: IF Principle Diagnosis Code is 800.0 through 999.9, see EXTERNAL CAUSE OF INJURY below.)
6	712	DX2	Second Diagnosis Code	68	Enter the ICD-9-CM code describing additional conditions.	Left blank if not applicable. DECIMAL POINTS ARE EXCLUDED. Letter V code included if applicable. E-Codes are not placed in this field.
6	718	DX3	Third Diagnosis Code	69	Same as the Second diagnosis code.	See Second Diagnosis code requirements above.
6	724	DX4	Fourth Diagnosis Code	70	Same as the Second diagnosis code.	See Second Diagnosis code requirements above.
6	730	DX5	Fifth Diagnosis Code	71	Same as the Second diagnosis code.	See Second Diagnosis code requirements above.
6	736	DX6	Sixth Diagnosis Code	72	Same as the Second diagnosis code.	See Second Diagnosis code requirements above.
6	742	DX7	Seventh Diagnosis Code	73	Same as the Second diagnosis code.	See Second Diagnosis code requirements above.
6	748	DX8	Eighth Diagnosis Code	74	Same as the Second diagnosis code.	See Second Diagnosis code requirements above.
6	754	DX9	Ninth Diagnosis Code	75	Same as the Second diagnosis code.	See Second Diagnosis code requirements above.

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6	760	ECODE1	External Cause of injury	77	Enter the ICD-9-CM E-Code describing the external cause of injury.	IF the PRINCIPLE DIAGNOSIS CODE above equaled 800.0 through 999.9, THEN an E-Code should be entered in this EXTERNAL CAUSE OF INJURY Field. The External Cause of Injury E-Code ranges are E800.0 through E848.9, and E850.0 through E999.9. The letter E is included and DECIMAL POINTS ARE EXCLUDED. When there are multiple E-Codes in the record, the E-Code associated with the PRINCIPLE DIAGNOSIS CODE should be entered here. NOTE: An E-Code is to be reported only for the first hospitalization or visit during which the injury, poisoning and/or adverse effect was diagnosed or treated. SEE ALSO: The ADDITIONAL EXTERNAL CAUSE OF INJURY 1, 2 and 3 Fields below.
6	766	ECODE2	Place of Injury	n/a	Enter the ICD-9-CM E-Code describing the Place where the Injury or Poisoning occurred.	For Place of Injury Code Only. The Place of Injury Code Range is E849.0 through E849.9. The letter E is Included and DECIMAL POINTS ARE EXCLUDED. This field is left blank if there is no EXTERNAL CAUSE OF INJURY.
8	772	PROC_DATE	Principal Procedure Date	80	LEFT BLANK	LEFT BLANK
5	780	PRIN_PR	Principal Procedure Code	80	Enter the ICD-9-CM code that identifies the principal procedure performed.	Filled in if a Procedure was done for this patient, left blank if not applicable. DECIMAL POINTS ARE EXCLUDED.
5	785	PR2	Second Procedure Code	81A	Enter the ICD-9-CM code that identifies the principal procedure performed.	Left blank if not applicable. DECIMAL POINTS ARE EXCLUDED.
5	790	PR3	Third Procedure Code	81B	Same as Second procedure code.	See Second Procedure code requirements above.
5	795	PR4	Fourth Procedure Code	81C	Same as Second procedure code.	See Second Procedure code requirements above.
5	800	PR5	Fifth Procedure Code	81D	Same as Second procedure code.	See Second Procedure code requirements above.
5	805	PR6	Sixth Procedure Code	81E	Same as Second procedure code.	See Second Procedure code requirements above.
4	810	BRTH_WT	Newborn Birth Weight	n/a	Birth weight in grams.	Entered for all newborns. See TYPE OF ADMISSION and SOURCE OF ADMISSION fields above. Right justifed and unused spaces left blank.
1	814	DNR_FLAG	Do Not Resuscitate Flag	n/a	1 = yes 2 = no 9 = not recorded	
30	815	PAT_NAME	Patient name	12	LEFT BLANK	LEFT BLANK
5	845	POS_1	Additional External Cause Of Injury 1	n/a	Alpha-numeric	IF there was an E-code in the patient record that WAS NOT placed in the External Cause of Injury field above, IT MAY be entered here. The E-Code ranges for this field are E800.0 through E848.9, and E850.0 through E999.9. The letter E is included and DECIMAL POINTS ARE EXCLUDED. Filled with blanks if not used.

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5	850	POS_2	Additional External Cause Of Injury 2	n/a	Alpha-numeric	IF there was an E-code in the patient record that WAS NOT placed in the External Cause of Injury, or the Additional Cause of Injury 1 Fields above, IT MAY be entered here. The E-Code ranges for this field are E800.0 through E848.9, and E850.0 through E999.9. The letter E is included and DECIMAL POINTS ARE EXCLUDED. Filled with blanks if not used.
5	855	POS_3	Additional External Cause Of Injury 3	n/a	Alpha-numeric	IF there was an E-code in the patient record that WAS NOT placed in the External Cause of Injury, Additional Cause of Injury 1, or Additional Cause of Injury 2 Fields above, IT MAY be entered here. The E-Code ranges for this field are E800.0 through E848.9, and E850.0 through E999.9. The letter E is included and DECIMAL POINTS ARE EXCLUDED. Filled with blanks if not used.
1	860	REC_TYPE	Type of Record	n/a	1 = Hospital Inpatient 2 = Hospital Outpatient - ALL Non-Emergency Department Outpatient visits 3 = Hospital Emergency Department	
9	861	UNIQ_ID	Unique Identifier	n/a		A unique identifier for each record.
3	870	AGE_YEARS	Patient's Age in Years	n/a		The patient's age in years, calculated upon the patient's date of birth and date of admission.
2	873	AGE_MONTHS	Patient's Age in Months (if under 1year)	n/a		The patient's age in months, calculated upon the patient's date of birth and date of admission.
4	875	ADM_YEAR	Admission Year	n/a		
2	879	ADM_MONTH	Admission Month	n/a	01 = January; 02 = February, etc.	
1	881	ADM_DOW	Admission Day of Week	n/a	1 = Sunday; 2 = Monday, etc.	
4	882	DISC_YEAR	Discharge Year	n/a		
2	886	DISC_MONTH	Discharge Month	n/a	01 = January; 02 = February, etc.	
4	888	LOS	Length of Stay	n/a		Number of days the patient was in the hospital, calculated upon the date of admission and date of discharge.
3	892	PPLOS	Pre-Procedure Length of Stay	n/a	If PPLOS is = or >998 it will be assigned a value of 998. If no procedure was performed or no procedure date can be determined, it will be assigned a value of 999.	Number of days the patient was in the hospital prior to the principal procedure, calculated upon the date of admission and procedure date.
1	895	AGE_28DAYS	Newborn Indicator	n/a	Y = Patient age equal to or less than 28 days. N = Patient age is greater than 28 days.	Patient age in days is calculated on date of admisson and date of birth.